



STATE OF ALABAMA
ALABAMA BOARD OF FUNERAL SERVICE
CREMATION IDENTIFICATION FORM

****THIS FORM SHALL ACCOMPANY THE REMAINS THROUGH ALL PHASES OF TRANSPORTING****

IDENTIFICATION:

NAME OF DECEASED: _____ SOCIAL SECURITY #: _____

PLACE OF DEATH: _____
(Physical Address or Institution)

CITY: _____ COUNTY: _____ STATE: _____

DATE OF DEATH: _____ TIME OF DEATH: _____

FUNERAL ESTABLISHMENT ORIGINALLY RECEIVING REMAINS:

NAME: _____

ADDRESS: _____ CITY/STATE: _____

ESTABLISHMENT PERFORMING CREMATION:

NAME: _____

ADDRESS: _____ CITY/STATE: _____

SIGNATURES: _____
(Individual releasing remains to crematory) (Crematory Representative receiving remains)

NOTIFICATION

CORNER: _____ DATE: _____ TIME: _____

CONSENT INFORMATION: _____

CERTIFICATION OF CREMATIONIST

I, _____, do hereby attest and certify that I personally performed the cremation of
(Print name of individual who performed cremation)

_____ at _____ on _____ beginning at
(Print name of deceased) (Print name of crematory) (Date)

_____ and concluding at _____. I further attest that the deceased was assigned identification number
(Time) (Time)

_____ prior to the cremation and that this number has accompanied the remains through the entire cremation process and has been placed with the cremated remains for return to the specified destination.

(Signature of Cremationist)